

Docket No.: 245402009300
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

Takeshi KUBO

Serial No.: 10/509,019

Filing Date: September 27, 2004

For: ELECTRONIC BLOOD PRESSURE
MONITOR AND METHOD OF
MEASURING BLOOD PRESSURE
USING THE SAME

Examiner: *Not Yet Assigned*

Group Art Unit: *Not Yet Assigned*

SUBMISSION OF REPLACEMENT DRAWING


Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Submitted herewith is one sheet (one sheet, Figure 14) of replacement drawing for filing in the above-identified patent application. Kindly substitute the enclosed replacement drawing for the informal drawing submitted with the originally filed application.

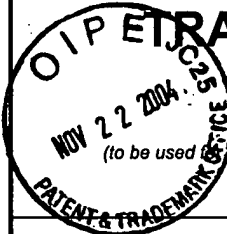
Dated: November 22, 2004

Respectfully submitted,

By 
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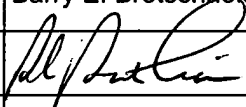
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		Application Number	10/509,019
		Filing Date	September 27, 2004
		First Named Inventor	Takeshi KUBO
		Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	11	Attorney Docket Number	245402009300

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP Barry E. Bretschneider - 28,055
Signature	
Date	November 22, 2004